Foreword

Emergencies in Obstetrics and Gynecology: Readiness, Recognition, Response, and Reporting

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This issue of *Obstetrics and Gynecology Clinics of North America* provides an update in advances and current practice in handling emergencies in obstetrics and gynecology. Capably edited by Patricia Huguelet, MD and Henry Galan, MD from the University of Colorado, the reader is updated with the evaluation and management of emergencies that go beyond descriptions in standard texts. The review is thorough and covers a variety of topics ranging from first-trimester miscarriage and ectopic pregnancy to placenta accreta spectrum disorders and postpartum hemorrhage to acute pelvic inflammatory disease, adolescent gynecology emergencies, and bleeding from gynecologic malignancies.

Managing emergent situations requires teamwork and communication. Many different training methods and evaluation tools have been reported, which makes generalization of results difficult. Crew resource management makes optimum use of all available resources: equipment, procedures, and people. Core concepts of training programs involve communication, leadership, and mutual support while monitoring the situation.

Urgent and emergent problems affect the health care of all women at some time during their lives. This issue provides strategies for individual and team training; simulations and drills; development of protocols, guidelines, and checklists; and use of information technology. These activities and tools apply to outpatient and inpatient settings. Although participants tend to react positively to this continuing education and improve in knowledge, skills, and behavior, more descriptions about patient outcomes are necessary.

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Obstetric emergencies have served as excellent examples of simulation training of individuals and multidisciplinary teams to swiftly address conditions that could rapidly deteriorate. Simulation drills reviewed in this issue are nicely summarized in the last article. Examples include hypertension during pregnancy, shoulder dystocia, pulmonary embolism and amniotic fluid embolism, and postpartum hemorrhage. Preparing for and management of women with septic shock, cardiac arrest, endocrine emergencies, and acute pelvic inflammatory disease are also well covered. Annual training is adequate for providers who demonstrate competency after initial training. However, those who are unsuccessful during and after a few weeks of training should undergo remediation and be followed to ensure retention of skills.

A standardized checklist can be a helpful reminder for urgent or emergent conditions in the clinic, operating room, and labor and delivery. Condition-specific checklists provide a set of elements to be checked at sign in, timeout, and sign out. Before an emergent surgery, a surgeon-led preoperative briefing or "timeout" that goes beyond a simple checklist permits more thorough communication among all team members. Debriefings or "huddles" after surgery are useful to understand everyone's role, identify any underappreciated hazards, and acknowledge any mistakes for improvement. Last, formal handoffs through verbal and written communications can be used during the transfer of patient care from one individual or team to another during and after the emergency.

Most emergencies described in this issue occur in or lead to hospitalization. Consistent use of well-developed, evidence-based practice guidelines results in a more consistent application of best practices. Depending on the emergent condition, guidelines can include several components: development of multidisciplinary engagement and pathways, formation of any rapid response teams, and performance of regular simulation drills. Reexamining each case, such as at nonpunitive morbidity and mortality conferences, identifies any deviation from hospital guidelines. These guidelines can then be revised to reduce practice deviation, train staff in management of the emergency condition, and implement more effective practice drills.

Definite progress has occurred since our last issue on this subject. I appreciate the efforts of Dr Huguelet and Dr Galan, along with their team of experienced obstetricians and gynecologists. Their thoughtful and comprehensive recommendations include many scenarios faced by the practitioner at various times in their careers. Providers must be equipped with the medical knowledge, surgical skills, and current scientific evidence to guide their approach to any emergent event. By instituting recommendations provided in this issue, we should be better prepared to be ready, and to recognize, respond, and report our delivery of health care to our compromised patients.

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